

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Kila  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Rex Russell (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 21 18 26  
 Month Day Year

8. FATHER  
 Full name Charles Russell  
 9. Residence (Usual place of abode) San Carlos Ariz  
 If non-resident, give place and state.  
 10. Color or race Wc Indian  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) San Carlos Ariz  
 (State or country)  
 13. Occupation Painter  
 Nature of Industry

14. MOTHER  
 Full maiden name Hazel S  
 15. Residence (Usual place of abode) San Carlos Ariz  
 If non-resident, give place and state.  
 16. Color or race Wc Indian  
 17. Age at last birthday 32 (Years)  
 18. Birthplace (city or place) San Carlos Ariz  
 (State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature R. H. Sawyer MD  
 Address San Carlos Ariz (Physician or midwife).

Given name added from a supplemental report. Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ Local Registrar. \_\_\_\_\_

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar. \_\_\_\_\_

993-218-820